U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/01/04 Through: (2/31/04

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Kenneth A Baranowski	Name Local 15, IBE, W.
	Labor Organization File Number 526-846
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1220 Grand View Ave	Street 1548 BOND Street
City Lockport	city Naperville
State #2 ZIP Code + 4 6044 [	State ZIP Code + 4 60563
5. Position in labor organization. Business Representative	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
g interesting the supplication of the composition o	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares funder penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Authorities Signed	On 7-18-05 815-378-7029  Date Telephone Number

Name of Person Filing Kenneth A. Bara	nowski File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (Including trade name, if any).  Name Arnold Kadjan  Trade Name, if any: Attorney - Lawfirm  P.O. Box, Bidg., Room No., if any  Street 19 W. Jackson B(vd.  City Chicago  State #7. ZIP Code + 4 60604	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  .	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing.  Does lead work for Local.	
P.O. Box, Bldg., Room No., if any	Does legal work for Local. Arbitrations + law suits	
Street	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received.  Gift  Brookstone Radio	
	12.b. Amount. = 185.02	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	